Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bettern of Page

DISTRICT II P.O. Drawer DD, Astonia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brisos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>L</u>		TO TRA	NS	PORT OIL	AND NA	TURAL GA					
Operator Company							Well API No.				
Oryx Energy Company						30-039-23110					
P. O. Box 1861,	Midland	i. Texa	as	79702							
Resson(s) for Filing (Check proper box)				···	Oth	et (Please explo	ria)		·		
New Well	Change in Transporter of: Effective November 1, 1990 change Oil Dry Gas Oil gatherer									ge	
Recompletion	Oil Casinghea	_	•	Ges 🔲	0	il gatherer					
If change of operator give name	CHERTISE										
and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA										
Lesse Name Janet		Well No. Pool Name, Including 1 Gavilan (Gr			•		Kind of Lease State, Federal or Fee		sase No.		
Location	<u>-</u>	1	Jua	iviian (di		Dakota)			1	=	
Unit Latter A	- :	: 790 Feet From The North Line and 790 Feet From The East								Line	
	- ·	<u>-</u>									
Section 27 Township	25-N	· · · · · · · · · · · · · · · · · · ·	Ras	2-1	<u>/ Ni</u>	MPM,	KIO A	rriba		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Giant Refining Co. P. O. Box 9156, Phoenix											
El Paso Natural Gas Co.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492. Farmington. N. M. 874					37499	
If well produces oil or liquids,	Unit Sec. Twp. Rgs.			is gas actually connected? When							
give location of tanks.	A	27	25		Yes		L				
If this production is commingled with that it. IV. COMPLETION DATA	from any oth	er lease or	pool,	give commingli	ing order numb)er:					
IV. CONDECTION DATA	<u>. </u>	Oil Well		Gas Well	New Well	Workover	Despea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i		<u> </u>				<u> </u>	<u>i</u>	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
	TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAUNS CEMENT			
V. TEST DATA AND REQUES	T FOR A	HOW	ARI	.F.	<u> </u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after to					be equal to or	exceed top allo	mable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes					sthod (Fiow, pu					
Length of Test					Casing Press		- B R	Cabra Size			
Langue of Year	Tubing Pre	ente							i		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.	10) 12		Gae- MCF		_	
	<u> </u>					12/1/20 571	W 5 5 13	13	1		
GAS WELL						sate/MMCF.	JA-	Gravity of C	ondeneste.		
Actual Prod. Test - MCF/D	Leagth of	Leagth of Test					AIST.	S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-ia) Choke Size						
VL OPERATOR CERTIFIC	ATE OF	COM	PLL	ANCE			ICEDV	ATION	חואופוכ	NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved NOV 0 5 1990						
11-11 4 P.						1					
Marin X-112e,						By But Chang					
Signature Maria L. Perez Proration Analyst					SUPERVISOR DISTRICT #3						
Printed Name Title					Title					<u> </u>	
11-1-90 (915) 688-0375 Date Telephone No.											
		1 614	spinot	æ 170.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.